



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission

FINAL MINUTES

Meeting Date and Time: September 13, 2013 at 1:00PM

Meeting Location: Appoquinimink State Service Center in Middletown, DE

In Attendance:

Commissioners:

Ms. Margaret Rose
Agostino Mr. Rodney
Brittingham Ms. Aleks
Casper
Ms. Patricia Ciranni
Mr. C. Malcolm Cochran,
Esquire Dr. Garrett H. C.
Colmorgen, Chair Ms. Mary
Ann Crossley
Ms. Patricia Dailey Lewis,
Esquire Ms. Jennifer Donahue
Dr. Gerard Gallucci
Mr. Mawuna
Gardesey
Ms. Marjorie Lynn Hershberger
Judge Joelle Hitch
Dr. Kathy
Janvier Dr.
Amanda Kay
Ms. Becky
Laster
Ms. Debra Alioto Miller,
LCSW Ms. Rosalie Morales
Cpl. Adrienne Owen
Dr. Phillip
Shlossman Chief
Henry Tobin
Lt Teresa Williams

Others:

Mr. Reese Parker
Ms. Cara Sawyer

Staff

:

Ms. Anne
Pedrick Ms.
Ashlee Starratt
Ms. Angela
Birney Ms.
Elaine O'Neill

I. Call to Order

Dr. Garrett H. C. Colmorgen called the meeting to order at 1:00 PM and introductions were made.

II. Public Comment

A family physician from Lewes, attended the Public Comment Session due to the Commission's complaint that he failed to report as described in the Mandatory Reporting law to the Department of Professional Regulations. He expressed his concern regarding the reviews taking place behind closed doors and reporting made without discussion with the doctor involved in the case. He has requested that physicians be involved in the case review prior to reporting. Dr. Colmorgen explained the mission of the board is to identify a problem and report the problem to the appropriate agencies, and those agencies conduct their own investigation; however, he agrees there is room for improvement in these reports in that physicians could be included in these discussions to ensure all pertinent information is made available to the panels and physicians are not inappropriately being reported. The physician was invited to attend and join the Kent/Sussex Review Panel.

III. Old Business

- a. **Minutes.** The general meeting minutes from May 17, 2013, were accepted as written.
- b. **Recommendation process.** The new recommendation process has been implemented. Upon approval of recommendations by the Commission, letters will be sent to the appropriate agencies, within 30 business days, informing them of the recommendation and action that the Commission recommends be taken, requesting a response to CDNDSC within 90 days of the date of the letter. Following the previous Commission meeting, those letters were sent to the agencies involved and response has been positive. The process has opened the public's eyes of who we are and what we do as a Commission.
- c. **Abusive Head Trauma.** Ms. Hershberger shared that we are updating the educational program. She has partnered with NICHHD and ordered the new "All Babies Cry" video that will be uploaded onto the hospital systems for new parents. The website and brochures are almost complete, expected to be finished next week. Both the website and brochures will have Spanish translations. A link

is on the Delaware Thrives website; one will be placed on the DHSS website as well. A suggestion was given to send the DVDs to the student nursing and residency programs within the state; Marj and CDNDSC staff will work on that.

IV. New Business

- a. **New Commissioners.** We would like to welcome two new members to the Commission; Chief Henry Tobin representing the Police Chief's Counsel and Lieutenant Teresa Williams representing the New Castle County Police.
- b. **New Child Abuse and Neglect (CAN) Panel Members.** Resumes and/or CVs were provided for the following members:
 - Dr. Julia Pillsbury – Pediatrician; to conduct medical abstractions
 - Cheri Wills – SANE Nurse from Beebe Medical Center
 - Jennifer Donahue – Child Abuse Multi-Discipline Team Coordinator
 - Tynisa Howell – Children and Families First, Nurse Family Partnership filling the non-profit child advocacy positionUpon motion duly made and seconded, all members were approved.
- c. **Personnel Changes**
 - Becky Laster is temporarily stepping into the position of Chair of the CAN Panel as Dr. Amanda Kay steps down for a six-month respite.
 - Ashlee Starratt has accepted a position within the Children's Department; her last day with CDNDSC will be September 20th.
- d. **Child Death Review American Academy of Pediatrics (AAP) National Meeting.** Dr. Kay was referred by CDNDSC to attend a national conference at the AAP Headquarters. The meeting covered how the AAP and National Child Death Review work together, and comparison of how different states operate and conduct reviews. Some issues covered were problems in death certificate reporting, requirement of autopsies of all children that die in the home (whether from unsafe sleep, accident, natural causes, etc), and support for children that witness violence and the long term effects that occur from those incidents.
- e. **National Cribs for Kids Conference.** Anne, Marj, Bridget, and Angela attended the National Cribs for Kids Conference in Pittsburgh in June. In addition, Rosalie Morales, Jennifer Donahue, Lt. Randy Fisher (DSP), and Corp. Adrienne Owens attended for the child death scene track. Many ideas generated from this conference focusing on education of infant safe sleep within our state. The Infant Safe Sleep Program Community Action Team (TISSPCAT) discussed many of these ideas and decided on which ones could be put into place here in Delaware.
 - i. The Direct On-Scene Education (DOSE) Program is one of those ideas. The program consists of educating the fire/rescue personnel on infant safe sleep. When emergency personnel go into a home on an emergency call, and notice an infant in the home, they inquire as to where the infant is sleeping. They conduct on-scene education to make the crib safe or call a "Code Red" by contacting the station to have a crib brought to the home. Follow-up will be conducted by Division of Public Health or CDNDSC personnel. The Wilmington Fire Department and Delaware Fire School

were very receptive to plans for the program. Trainings will be conducted the week of October 7th thru 10th. Infant safe sleep training will be included into the curriculum for the Delaware Fire School for future personnel.

- ii. Another idea agreed upon by TISSPCAT was the Infant Letter to Hospitals. This letter is intended to inform the hospitals of any infant losses resulting from unsafe sleep that were birthed at their facility, and is not meant to be punitive in nature. It encourages the hospital to continue its efforts on infant safe sleep education. The letter will be unidentified by only giving numbers and statistics, not names of the children involved. The letter will also include all Abusive Head Trauma (AHT) cases. The Commission expressed concerns over hospital staff perceiving the letter as negative. It was suggested that the letter be reworded to stress the hospital's initiatives first (the last two lines of the second paragraph should be the opening of the letter). The letter will be reworked and brought back to the next Commission meeting for approval.
- f. **Every Mother Initiative.** The Every Mother Initiative is a grant that Delaware has received to benefit the Maternal Mortality Review (MMR) program through AMCHIP and the CDC. It provides states the opportunity to be part of the CDC website and data tracking system. It also provides \$30,000 to the state to take recommendations and turn them into action items. CDNDSC will be working with the Delaware Healthy Mother and Infant Consortium (DHMIC) to steer this program. Trainings will be conducted initially at the CDC, through monthly webinars, and site visits with a partner state that has an established MMR program. Delaware is considered a "merging" state because only three meetings have been held to review maternal death cases. The grant program will run for one year; team members are Anne Pedrick, Dr. Marj Agostino, Dr. Meena Ramakrishnan, Dr. Anna D'Amico who abstracts the maternal death medical records, and Dr. Deb Ehrenthal from Christiana Care.
- g. **Midwifery Legislation.** Direct-entry midwives are individuals that have completed high school and other minimal training to deliver babies. The only way for these individuals to legally practice in Delaware is to obtain a permit from the Division of Public Health (DPH). There is only one permitted midwife in Delaware, who practices in Kent and Sussex Counties, providing services within the Amish and Mennonite communities; she does have a physician group which collaborates with her; however, they do not permit her to practice outside of these communities. In the past two years, the Commission has identified at least three deaths or injuries that have occurred as a consequence of these midwives assisting in home deliveries. These cases have been prosecuted by the Board of Medical Licensure and Discipline. The midwives have been fined (\$1,000) and a Cease and Desist Order has been put into place. The new legislation, signed by the Governor during July, increases these fines and allows these events to be pursued as a criminal act. This has caused much backlash from the midwifery community. As a result, the DPH, the Medical Society of Delaware, the AAP, and the

American Congress of Obstetrics and Gynecology (ACOG) have met informally to discuss the issue. Thus far, the consensus is to provide licensing criteria to allow these midwives to practice legally under the collaboration of a physician group, as implemented in other states; the problem foreseen is finding physicians willing to collaborate. A public comment session will be held in Smyrna (not yet announced) on September 27th.

V. Updates

- a. **National Child Death.** The National Data Tool has been revised and will be released in October. Each state will be allowed to add state-specific questions to the database. An email will be sent to all Commissioners requesting inputs on any items that they feel are necessary to track, that are not currently being tracked. Of the 40 states utilizing the database, Delaware is one of seven that was selected to do an analysis of the database. Anne has spoken to the CDC representative in charge of this project; the logic behind the analysis is unknown at this time; however, we will be participating and submitting our report.
- b. **CPAC.** The progress of the nine recommendations formed by the Investigative and Prosecution of Child Abuse Subcommittee was approved by the Commission at the May meeting. An action plan has been adopted to implement the recommendations. One recommendation that has moved forward is the formation of a cross-divisional Special Victim's Unit, which has proven beneficial with the most recent sentencing of 40 years in a case reviewed by our teams, as publicized in the News Journal last week. A second recommendation was the quarterly reporting to CPAC of the Department of Justice's (DOJ) Child Victim's Unit; the first of these reports will be presented at the next Joint Commission meeting. Another recommendation was for a team of criminal investigators to be assigned within the DOJ to this endeavor; one investigator (funded by the Joint Finance Committee) has been assigned as of now. A workgroup has also been established under the Legislative Committee to focus on the statutory changes recommended; an anticipated report is to be submitted by the state prosecutor on review of the SENTAC guidelines. The Commission has created another workgroup under the CPAC Training Committee to develop and publish best practice guidelines for the investigation of the most serious of the criminal child abuse cases; this same group will also look at training opportunities and demonstrative tools. The Attorney General will appoint a criminal deputy to each of our review panels to facilitate the review; this action is still in the beginning stages as most of the deputies are in court during the day and it will prove difficult to commit them to a panel. A final issue is the lack of a system within DOJ that allows us to track items such as caseloads of prosecutors, conviction rates, and plea patterns. And finally, CPAC has reached out to the DOJ encouraging them to submit their budget priorities so that CPAC can lobby for them during budget preparations.
- c. **Upcoming CPAC Trainings**
 - i. CAN 101: October 29th and 30th, gives professionals an overview of how the child welfare system works, with a panel presentation on the second day with representatives from the DOJ, law enforcement, the Division of

Family Services (DFS), Office of the Child Advocate (OCA), and Family Court.

- ii. Child First Forensic Interviewer Training: week of October 14th; registration is full, training personnel from the DOJ, law enforcement, and the DFS.

d. **DHMIC**

- i. The Consortium has looked into the recommendation from the Commission regarding maternal depression screening, and has agreed to move forward with an action plan. The Consortium will send a letter to providers instructing them to give more attention to that aspect of care. The challenge is going to be personnel resources: who is to perform the screenings and where will the mothers be referred? The Delaware Perinatal Cooperative may be an asset to approach with this regard. The Commission also recommended that the screenings focus on domestic violence; CDNDSC is working with the Domestic Violence Coordinating Council to have a letter sent to medical facilities listing resources available for patients.
- ii. The safe sleep media campaign has been launched. Printed materials have been made available for ordering on the Delaware Thrives website. The public media portion of the campaign will be seen and heard in the upcoming weeks via DART bus signs, billboards, and radio announcements.

Upon motion duly made and seconded, it was unanimously decided to accept the Kent and Sussex Counties FIMR report as written.

Upon motion duly made and seconded, it was unanimously decided to exit Executive Session.

Upon motion duly made and seconded, it was unanimously decided to adjourn the meeting at 4:02PM.